

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	X					
2						
3		X				
4		X				
5		X				
6		X				
7	X					
8		X				
9		X				
10		X				
11	X					
12						
13		X				
14		X				
15		X				
16		X				
17	X					
18		X				
19		X				
20		X				
21	X					
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49						
50						
Total Indep	5					
Total Depend	22					
Total Claims	27					

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	Indep	Depend	Indep	Depend	Indep
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100					
Total Indep					
Total Depend					
Total Claims					